

CLAIMS ONLY						Application Number 10800793	Filing Date
						Applicant(s)	
* May be used for additional claims or amendments							
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		
	Indep	Depend	Indep	Depend	Indep	Depend	
1	1						
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18	1						
19							
20		1					
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43							
44							
45							
46							
47							
48							
49							
50							
Total Indep		2					
Total Depend	18						
Total Claims	20						